

CONFIDENTIAL TAX INFORMATION AUTHORIZATION

The Representative named on this form is authorized to receive confidential tax information from the City of Bellevue Tax Division. This form will be placed in the taxpayer's file.

Bellevue Registration No: Telephone No.:	1. Taxpayer / Business Information` (please t	ype or print)		
Libin No: Fax No.: Fax No.: Taxpayer name(s) and address:	Bellevue Registration No:	Telephone No.:		
Z. Representative (please type or print) Name (including title, CPA, attorney, etc., if applicable) & address: Fax No.:	UBI No:			
Name (including title, CPA, attorney, etc., if applicable) & address: Fax No.:	1			
Name (including title, CPA, attorney, etc., if applicable) & address: Fax No.:				
applicable) & address: Fax No.:	2. Representative (please type or print)	· · · · · · · · · · · · · · · · · · ·		
applicable) & address: Fax No.:	Name (including title, CPA, attorney, etc., if	Telephone No.:		
3. Authorized Information and Year(s) or Period(s) (please be specific or state "All") 4. Revocation of Confidential Tax Information Authorization If you want to revoke a prior tax information authorization, check this box	applicable) & address:			
3. Authorized Information and Year(s) or Period(s) (please be specific or state "All") 4. Revocation of Confidential Tax Information Authorization If you want to revoke a prior tax information authorization, check this box				
4. Revocation of Confidential Tax Information Authorization If you want to revoke a prior tax information authorization, check this box				
I certify that I am shown in official Washington state records as the owner, corporate officer, registered agent, or partner of the above business/account and that I am authorized to execute this form on behalf of the business/account for the information and periods stated above. If you are the guardian, executor, receiver, administrator, or trustee, please provide proof of your authorization. X	4. Revocation of Confidential Tax Information	n Authorization		
partner of the above business/account and that I am authorized to execute this form on behalf of the business/account for the information and periods stated above. If you are the guardian, executor, receiver, administrator, or trustee, please provide proof of your authorization. X	5. Signature of Taxpayer(s)		٠	
Print Name X	partner of the above business/account and that I ambusiness/account for the information and periods st	authorized to execute ated above. If you ar	e this form on behalf of the e the guardian, executor, receiver,	
Signature Date Title				
X	X			
	Signature	Date	Title	
i filit Name				
X Signature Date Title		Date	Title	